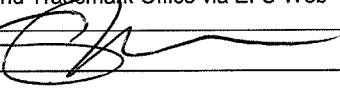


<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 019904-002610US
<p>I hereby certify that this correspondence is being filed with the United States Patent and Trademark Office via EFS-Web on <u>08/19/09</u></p> <p>Signature </p> <p>Typed or printed name <u>Shemekia N. Brown</u></p>		<p>In re Application of <b>Joseph K. Belanoff</b></p> <p>Application Number <b>10/772,919</b> Filed <b>February 4, 2004</b></p> <p>For <b>ANTIGLUCOCORTICOIDS FOR THE TREATMENT OF POSTPARTUM PSYCHOSIS</b></p> <p>Art Unit <b>1614</b> Examiner <b>Donna A. Jagoe</b></p>
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>		
<p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))</p>		<p>\$ <u>540</u></p>
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ 270</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>		
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>		
<p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>50,463</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p>		
<p> Signature</p> <p><u>Carol P. Johns</u> Typed or printed name</p> <p><u>(415) 273-7567</u> Telephone number</p> <p><u>08/19/09</u> Date</p>		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.